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**FAX Cover Sheet**

DATE: October 16, 2001

No. of Pages (including cover): 3

TO: Name: Janice Burse --OIPE

Company: USPTO

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FROM: JimMcFarland, Customer No. 022,833  
12555 High Bluff Dr., #280A, San Diego, CA 92130SUBJECT: **U.S. SERIAL NO. 09/854,039****RECEIVED**  
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Janice,

Pursuant to our discussion this morning attached herewith is the Express Mail Certificate with the Mail date stamped on the receipt, which is the confirmed receipt of the application, by the PTO on May 11, 2001.

If you need any further documents or have any questions, please contact me at your convenience.

Thank you for your help.

Kim Casillas

**LAW OFFICES OF JAMES D. MCFARLAND****12555 HIGH BLUFF DRIVE, #280A****SAN DIEGO, CA 92130****James D. McFarland, Reg. No. 32,544**

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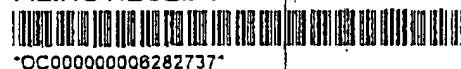
## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/854,039	05/10/2001 ^ 11	2166	543	0720.P001A	46	32	5

CONFIRMATION NO. 8173

## FILING RECEIPT



\*OC000000006282737\*

022833

LAW OFFICES OF JAMES D MCFARLAND  
12555 HIGH BLUFF DRIVE  
SUITE 280 A  
SAN DIEGO, CA 92130

Date Mailed: 07/11/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Blasingame, Residence Not Provided;

## Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/203,773 05/12/2000

## Foreign Applications

If Required, Foreign Filing License Granted 07/11/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Networked medical information system for clinical practices

## Preliminary Class

705

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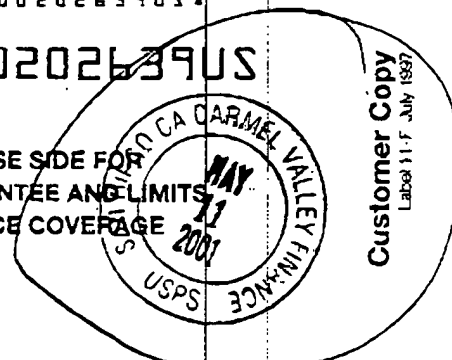
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JAMES MCFARLAND ATTORNEY AT LAW  
12555 HIGH BLUFF DR STE 200A  
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Bib Data Sheet

CONFIRMATION NO. 8173

<b>SERIAL NUMBER</b> 09/854,039	<b>FILING DATE</b> 05/10/2001 <b>RULE</b> 511/01	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 0720.P001A
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**APPLICANTS**
 James P. Blasingame, Del Mar, CA;  
 William C. Mohlenbrock, Del Mar, CA;  
 Neil D. Mackenzie, San Francisco, CA;
**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/203,773 05/12/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 07/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 46	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

022833

**TITLE**

Networked medical information system for clinical practices

<b>FILING FEE RECEIVED</b> 608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 8173

<b>SERIAL NUMBER</b> 09/854,039	<b>FILING DATE</b> 02/12/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 0720.P001A
<b>APPLICANTS</b> James P. Blasingame, Del Mar, CA; William C. Mohlenbrock, Del Mar, CA; Neil D. Mackenzie, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/203,773 05/12/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 46	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 022833				
<b>TITLE</b> Networked medical information system for clinical practices				
<b>FILING FEE RECEIVED</b> 608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	